

SERFF Tracking Number: UHLC-128307783 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
 Company Tracking Number: FM12-330
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
 Plans 2010
 Product Name: GROUP MEDICARE SUPPLEMENT
 Project Name/Number: ADVERTISING/FM12-330

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-128307783 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num:

Sub-TOI: MS08G.001 Plan A 2010

Co Tr Num: FM12-330

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Wanda Augustus, Tammy Frederick,

Bobbie Walton, Lisa Muhammad

Date Submitted: 04/30/2012

Disposition Date: 05/02/2012
 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: ADVERTISING

Project Number: FM12-330

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 05/02/2012

State Status Changed: 05/02/2012

Created By: Michelle Ambach

Corresponding Filing Tracking Number: FM12-330

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is substantially similar in content to advertising previously approved by the Department on 2/2/2010 under DOI # 44575.

State Narrative:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Lisa Muhammad

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Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
680 Blair Mill Rd. 215-902-8444 [Phone]
Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut
185 Asylum Street Group Code: 707 Company Type: Life and Health
Hartford, CT 06103 Group Name: State ID Number:
(860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50.00 X 2 = \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$100.00	04/30/2012	58791415

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/02/2012	05/02/2012

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Disposition

Disposition Date: 05/02/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	SOV	Filed-Closed	Yes
Form	BUSINESS REPLY CARD	Filed-Closed	Yes
Form	BUSINESS REPLY CARD	Filed-Closed	Yes

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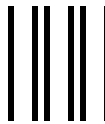
Product Name: GROUP MEDICARE SUPPLEMENT

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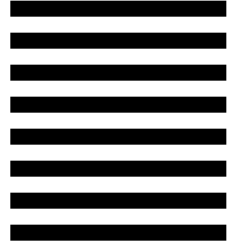
Form Schedule

Lead Form Number: MS2511ST (03-12)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 05/02/2012	MS2511ST (03-12)	Advertising	BUSINESS REPLY CARD	Initial		45.000	MS2511ST (03-12).pdf
Filed-Closed 05/02/2012	MS2512ST (03-12)	Advertising	BUSINESS REPLY CARD	Initial		45.000	MS2512ST (03-12).pdf



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. [XXXX] [CITY], [ST]

POSTAGE WILL BE PAID BY ADDRESSEE

[Agency/FMO Name]
[Agent/Producer Name]
[Agent/Producer Address]
[City,] [State] [Zip]

MS2511ST (03-12)

▲ Fold here, moisten and seal. ▼

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents), Policy form No. GRP 79171 GPS-1 (G-36000-4).

In some states plans may be available to persons eligible for Medicare by reason of disability.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

**Medicare supplement plans help pay
some of the expenses Medicare doesn't.
Consider an AARP® Medicare
Supplement Insurance Plan.**



Yes, I'd like more information about AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company.

For more information, return this card [or call]:

[Agent/Producer Name]

[Licensed Insurance Agent/Producer Contracted with UnitedHealthcare]

[Phone Number]

[Email]

Name _____
(Mr., Mrs., Ms.) Please Print

Date of Birth _____
MM/DD/YY

Address _____

City _____ State _____ Zip _____

Phone _____ Best Time To Call _____ AM/PM

E-mail Address _____

This is a solicitation of insurance. An agent/producer may contact you.

By returning this card, you agree that an authorized representative or licensed insurance agent from UnitedHealthcare may contact you by phone, e-mail or mail to answer your questions or provide additional information about Medicare supplement insurance or Part D plans.

Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). AARP does not employ or endorse agents, brokers, or producers.



[Agency/FMO Name]
[Agent/Producer Name]
[Agent/Producer Address]
[City], [State] [Zip]

MS2512ST (03-12)

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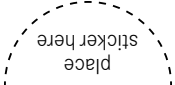
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Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.



**Medicare supplement plans help pay
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Consider an AARP® Medicare
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Yes, I'd like more information about AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company.

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[Agent/Producer Name]

[Licensed Insurance Agent/Producer Contracted with UnitedHealthcare]

[Phone Number]

[Email]

Name _____
(Mr., Mrs., Ms.) Please Print

Date of Birth _____
MM/DD/YY

Address _____

City _____ State _____ Zip _____

Phone _____ Best Time To Call _____ AM/PM

E-mail Address _____

This is a solicitation of insurance. An agent/producer may contact you.

By returning this card, you agree that an authorized representative or licensed insurance agent from UnitedHealthcare may contact you by phone, e-mail or mail to answer your questions or provide additional information about Medicare supplement insurance or Part D plans.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: SOV	Filed-Closed	Date: 05/02/2012
Comments:		
Attachment:		
ST SOV.pdf		

STATEMENT OF VARIABILITY

BRC: MS2511ST (03-12)

Variable	Description
<i>Back of BRC:</i> [or call] [Agent/Producer Name] [Licensed Insurance Agent/Producer Contracted with UnitedHealthcare] [Phone Number] [Email]	Phone number may or may not be added. Agents' contact information will vary.
<i>Back of BRC:</i> [XXXX] [CITY], [ST] [Agency/FMO Name] [Agent/Producer Name] [Agent/Producer Address] [City,] [ST] [Zip]	Permit number, city, and state will vary. The Name, Street Number, Street Name, City, State, and Zip Code of the Agency/FMO/Agent/Producer will vary.

BRC: MS2512ST (03-12)

Variable	Description
<i>Back of BRC:</i> [or call] [Agent/Producer Name] [Licensed Insurance Agent/Producer Contracted with UnitedHealthcare] [Phone Number] [Email]	Phone number may or may not be added. Agents' contact information will vary.
<i>Back of BRC:</i> [Agency/FMO Name] [Agent/Producer Name] [Agent/Producer Address] [City], [ST] [Zip]	The Name, Street Number, Street Name, City, State, and Zip Code of the Agency/FMO/Agent/Producer will vary.